

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.)  DDI In-Process to DDI/Admin					2. TYPE OF REPORT		
					<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING		
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		<input type="checkbox"/> ADMIN. GENERAL <input type="checkbox"/> OTHER (specify)	
4. NO. OF COPIES PREPARED  2		5. FREQUENCY (weekly, monthly, quarterly, etc.)  bi-weekly			6. DISTRIBUTION (No. of components not number of copies)  1		
7. FORMAT (memorandum, form computer print-out, etc) name listing		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES GIVE ADP PROCESSING NO.  DDI/Admin		
10. PREPARING COMPONENT (include lowest level contributing information to report)  DDS/OP/SPD/PPB				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)  Bi-weekly In-Process Report to C/SPD			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
GS-05 to GS-13	\$5.00		1 1/2	=	\$7.50		26 = \$195.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  As a matter of information to DDI/Admin and as a projection for ceiling and budget planning.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain)  <div style="display: flex; justify-content: space-between;"> <span>MAN-HOURS</span> <span>DOLLARS</span> </div>	
16. DATE OF INVENTORY  9/21/70		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION  DD/Pers/R&P				18. EXTENSION  	